



# TOWN OF WELLESLEY

## Application for Special License(s)

Date of Application: \_\_\_\_\_

Date of Event: \_\_\_\_\_

A special License is a temporary license issued pursuant to Chapter 635 of the Acts of 1982 to the responsible manager of any nonprofit organization conducting any indoor or outdoor activity or enterprise for the sale of alcoholic beverages.

Application fee for one or more applications filed on the same date: **\$25.00**

Fee for each license issued: **\$50.00**

Make checks payable to: Town of Wellesley

The undersigned hereby applies for a Special License for:

☐

All Alcoholic Beverages

☐

Wine and Malt Beverages Only

### APPLICANT INFORMATION

Name of Non-Profit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Event Manager: \_\_\_\_\_ Address: \_\_\_\_\_

Assistant Event Manager: \_\_\_\_\_ Address: \_\_\_\_\_

### EVENT INFORMATION

Event Description: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Occupancy: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_ Indoor/Outdoor (circle one)

An 8X11" floor plan of the premises to be licensed must be submitted along with the application showing the exact location within the event area where alcoholic beverages will be sold, served, and consumed, and indicating all entrances and exits.

Name of catering service responsible for service of alcoholic beverages:

\_\_\_\_\_  
Name of Catering Service

\_\_\_\_\_  
Address

If catering service is not being used, list the names and addresses of persons who will be serving alcoholic beverages. Use additional sheets if necessary.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Describe steps you have taken to ensure that the employees of the catering service or the individuals listed above have completed an alcoholic beverage server-training program or similar in-house training. (e.g. Tips training program)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe security precautions or police details if any:

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

RETURN COMPLETED APPLICATION, FLOOR PLAN, CERTIFICATE OF INSURANCE  
AND CHECK FOR THE APPLICATION FEE TO:

BOARD OF SELECTMEN  
525 Washington Street  
Wellesley, MA 02482  
781-431-1019 ext 2204